

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 23, 1998

COUNTY FISCAL LETTER NO. 98/99-58

TO: ALL COUNTY FISCAL OFFICERS

SUBJECT: COUNTY WELFARE DEPARTMENT (CWD) SALARY AND BENEFIT
STATEMENT, FISCAL YEAR (FY) 1998/99

The California Department of Social Services is transmitting the FY 1998/99 CWD Salary and Benefit Statement (DFA 442). This questionnaire should be completed and returned to the Contracts and Financial Analysis Bureau by **February 1, 1999**.

The information for FY 1998/99 is needed at this time for the FY 1999/00 Proposed County Administrative Budget (PCAB) process. The attached form requires information for the current and prior FYs. For FY 1997/98, we are asking for the actual rate of benefits paid in a variety of categories. For FY 1998/99, we are requesting the cost-of-living (COLA) salary increases granted by the board of supervisors and the computation of the estimated benefit rate. It is imperative that this form be returned with the signatures of both the County Welfare Director and the County Auditor. If the COLA information is not available when this form is due, please provide what is available at the time and submit a revised form as soon as the information becomes available.

To facilitate completion of the form, we have attached an instruction sheet. If you have any questions, please contact Joan Gates of the Contracts and Financial Analysis Bureau at (916) 654-0865.

***Original Document Signed By
Douglas D. Park On 12/23/98***

DOUGLAS D. PARK, Chief
Financial Planning Branch

Attachment

C: CWDA

**INSTRUCTIONS FOR COMPLETION OF THE CWD SALARY AND
BENEFIT STATEMENT (DFA 442) - FISCAL YEAR (FY) 1998/99**

Supply data in Sections I and II in decimal fraction amounts carried out to the hundredth (Example: 6.67%). If an item is not applicable, enter "N/A". Please provide detailed back-up information on the data submitted to facilitate verification, if needed.

NOTE: In Section I, if the effective dates of any benefit increases do not start on July 1, please annualize where necessary so these increases would be on a state fiscal cycle. This will not be necessary in Section II. Therefore, in Section II, please reflect the actual salary increases regardless of the effective dates.

Section I: FY 1997/98 and FY 1998/99 Average Benefits Paid by the County

Column 1 equals FY 1997/98 Total Paid Contributions divided by FY 1997/98 Salaries.

Column 2 equals Projected FY 1998/99 Total Paid Contributions divided by Projected FY 1998/99 Salaries.

Column 3 equals Net Benefit Rate Difference (Column 2 minus Column 1).

The Total Rate, line g, must equal the sum of lines a through f in each column.

Column 4 is the effective date of FY 1997/98 benefits.

Column 5 is the effective date of FY 1998/99 benefits.

Section II: FY 1998/99 COLA Increase Granted by the County Board of Supervisors

Column 1 is the salary increase amount granted by the county board of supervisors. (Note: If a given salary pool (e.g., clerical) had different COLAs granted within that pool, use a weighted average for the pool.)

Column 2 is the effective date of FY 1998/99 salary increases.

Section III: Provide an explanation of any changes that would affect any cost category individually or in total, such as a change in the number of workweek hours.

Attachment

CWD SALARY AND BENEFIT STATEMENT -
FISCAL YEAR 1998/99

RETURN TO:

County: _____

Contact: _____

Title: _____

Telephone: _____

*Contracts & Financial Analysis Bureau
Department of Social
744 P Street, MS 8-200
Sacramento, CA 95814*

I. FY 1997/98 and FY 1998/99 Average Benefits Paid By County

BENEFITS CONTRIBUTION	AVERAGE COUNTY WELFARE DEPT. RATE			EFFECTIVE DATE	
	(1) FY 1997/98	(2) FY 1998/99	(3) Net Rate Diff (Col.2-1)	(4) FY 1997/98	(5) FY 1998/99
a. OASDI.....	_____ %	_____ %	_____ %	____/____/____	____/____/____
b. Retirement.....	_____ %	_____ %	_____ %	____/____/____	____/____/____
c. Health Insurance.....	_____ %	_____ %	_____ %	____/____/____	____/____/____
d. Life Insurance.....	_____ %	_____ %	_____ %	____/____/____	____/____/____
e. State Compensation	_____ %	_____ %	_____ %	____/____/____	____/____/____
f. Other (specify)	_____ %	_____ %	_____ %	____/____/____	____/____/____
	_____ %	_____ %	_____ %	____/____/____	____/____/____
	_____ %	_____ %	_____ %	____/____/____	____/____/____
	_____ %	_____ %	_____ %	____/____/____	____/____/____
	_____ %	_____ %	_____ %	____/____/____	____/____/____
	_____ %	_____ %	_____ %	____/____/____	____/____/____
g. TOTAL RATE.....	_____ %	_____ %	_____ %	____/____/____	____/____/____

II. FY 1998/99 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

COST OF LIVING	(1) PERCENTAGE GRANTED FY 98/99	(2) EFFECTIVE DATE
a. Social Services.....	_____ %	____/____/____
b. Eligibility and Non-services.....	_____ %	____/____/____
c. Fraud Investigators	_____ %	____/____/____
d. Clerical Support.....	_____ %	____/____/____
e. Administrative Support.....	_____ %	____/____/____
f. EDP Staff.....	_____ %	____/____/____
g. Employment Services	_____ %	____/____/____

**CWD Salary and Benefit Statement
Fiscal Year 1998/99-Continued**

County: _____

III. Provide an explanation of any changes within the county that will affect any cost category individually or in total, such as change in the number of workweek hours.

I hereby certify that the figures reported herein represent actual employee benefit rates or salary increases as reflected in this county's final budget for FY 1998/99.

SIGNATURE OF COUNTY WELFARE DIRECTOR

SIGNATURE OF COUNTY AUDITOR

Date: _____

Date: _____